

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: ISLAND LIVING II ARCH/EARCH	CHAPTER 100.1
Address: 92-1238 Umena Street, Kapolei, Hawaii 96707	Inspection Date: April 9, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

21 MAY 11 P1 09
STATE OF HAWAII
OH-CHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1, the annual physical examination (1/16/21) expired.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The annual physical examination of SCG #1 was completed.</p>	<p>4/27/2021</p> <p>21 MAY 11 P1:09</p> <p>STATE OF HAWAII DOH-OMCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1, the annual physical examination (1/16/21) expired.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will review the files of the caregivers on a monthly basis to ensure that physical examinations will be completed on a timely basis.</p> <p>PCG will document on an audit form.</p> <p>Will be ongoing on a monthly basis.</p>	<p>21 MAY 11 P1:09</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1, annual tuberculosis clearance (1/16/21) expired.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Annual tuberculosis clearance was completed on 4/27/21.</p>	<p>4/27/21</p> <p>21 MAY 11 P 1:09</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1, annual tuberculosis clearance (1/16/21) expired.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will review on a monthly basis the files of the caregivers to ensure annual tuberculosis clearance are done in a timely basis.</p> <p>PCG will document on an audit form.</p> <p>Will be ongoing on a monthly basis.</p>	<p>21 MAY 11 P 1 09</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Bathrooms #2 & #3, noted all-purpose cleaner "Soft Scrub Spray" and scented "Freebreeze" spray canisters unsecured.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Cleaning agents were removed from the bathrooms and stored at the garage locked cabinet on 4/9/2021</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Bathrooms #2 & #3, noted all-purpose cleaner "Soft Scrub Spray" and scented "Freebreeze" spray canisters unsecured.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG /SCG will check bathrooms on a daily basis to ensure that there are no cleaning agents left or kept at the bathrooms after each use. All cleaning gears will be kept In the garage locked cabinet.</p>	<p>4/10/21</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, medication not made available as ordered:</p> <ol style="list-style-type: none"> 1. Order reads, "Trazadone 150 mg po at <u>mid-night</u>" 2. Medication administration record (MAR) reads, "Trazadone 150 mg po at <u>9:00 p.m.</u>" 3. Progress notes, no evidence for primary care giver (PCG) call to the provider to report a need or a reason to <u>change the time</u> medication available. 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Medication administration time on record corrected to state: "Trazadone 150MG PO at 12 midnight" on 4/9/21.</p>	<p>4/9/21</p> <p>21 MAY 11 P1:10</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, medication not made available as ordered:</p> <ol style="list-style-type: none"> 1. Order reads, "Trazadone 150 mg po at mid-night" 2. Medication administration record (MAR) reads, "Trazadone 150 mg po at 9:00 p.m." 3. Progress notes, no evidence for primary care giver (PCG) call to the provider to report a need or a reason to <u>change the time</u> medication available. 	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Primary caregiver will follow Physician's order as written.</p> <p>Will call Physician if there is a need to change time of administration.</p>	<p align="center">21 MAY 11 P 1:10</p> <p align="center">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1, no evidence of documentation in the resident record – MAR– since 4/7/21 for medication made available.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>21 MAY 11 P1:10</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1, no evidence of documentation in the resident record – MAR– since 4/7/21 for medication made available.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG/SCG will document after each medication administration in the MAR.</p> <p>Record will be reviewed on a daily basis by PCG for compliance. PCG will train SCG'S on Medication administration using established Policy and Procedure guidelines Medication Administration. Clinical monitor will include Medication administration audit on monthly Basis.</p>	<p>6/3/2021</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1, no evidence in the resident record of the PCG's admission assessment. PCG admitted resident on 06/29/20.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p>21 MAY 11 P1:10</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1, no evidence in the resident record of the PCG's admission assessment. PCG admitted resident on 06/29/20.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Upon admission assessment is done, PCG will complete the records as required and place at the resident chart to ensure records are properly in placed. Monthly audit of resident medical record will be done by the PCG for compliance.</p>	<p>4/10/21</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1, no evidence of any progress notes available.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p>21 MAY 11 P 1:10</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1, no evidence of any progress notes available.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG/SCG will record on the progress note any unusual ADL occurrence . Record will be put at the resident chart at all times for review / audit by visiting nurse supervisor. PCG will perform audit chart monthly for completeness ,correctness of resident record.</p>	<p>4/10/21</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #1, no weight recorded for March or April 2021.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>21 MAY 11 PM 10</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #1, no weight recorded for March or April 2021.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will document monthly resident weight on the Resident Weight Record and monthly Progress note. PCG will include monthly weight in the clinical monitor review for compliance.</p>	<p>6/3/2021</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> Corridor, obstructed by a wheelchair stored outside BR # 1.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The walker was removed from the passageway in front of BR #1 on 4/9/21</p>	<p>4/9/21</p> <p>21 MAY 11 P 1:10</p> <p>STATE OF HAWAII DOH-OMCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> Corridor, obstructed by a wheelchair stored outside BR # 1.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG/SCG will instruct other care giver to keep passage way / corridor free of obstruction ie, walker or wheelchair.</p> <p>Unuse transport equipment will be stored at the garage cubicle area. Walker of ambulatory resident will be kept at the room folded</p>	<p>4/10/21</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(4)(A) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p><u>Lighting</u></p> <p>Appropriate lighting fixtures adequate in number shall be provided for the comfort of residents and care givers;</p> <p><u>FINDINGS</u> Ceiling light fixture, missing one of two bulbs in BR #5.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>BR #5 replaced on 4/9/21.</p>	<p>4/9/21.</p> <p>21 MAY 11 P 1:10</p> <p>STATE OF HAWAII DOH-9HCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (i)(4)(A) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Lighting:</p> <p>Appropriate lighting fixtures adequate in number shall be provided for the comfort of residents and care givers;</p> <p><u>FINDINGS</u> Ceiling light fixture, missing one of two bulbs in BR #5.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG/SCG will check ceiling lights daily to ensure all light bulbs are functional with good lighting,</p>	<p>4/10/21</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p>FINDINGS BRs #3 & #5, licensee stores personal items in resident BR:</p> <ol style="list-style-type: none"> 1. BR #3, licensee futon folded up in this room 2. BR #5, licensee clothing hung behind BR door 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Futon and all clothing removed from BR #3 and BR #5 on 4/9/21.</p>	<p>4/9/21</p>

STATE OF HAWAII
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STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> BRs #3 & #5, licensee stores personal items in resident BR:</p> <ol style="list-style-type: none"> 1. BR #3, licensee futon folded up in this room 2. BR #5, licensee clothing hung behind BR door 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Licensee/ PCG/ SCG will be responsible for ensuring that no staff personal belonging will be place on resident quarter at any time. Daily house keeping check will be done.</p>	<p>4/10/21</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Continuing education requires twelve (12) hours; however:</p> <ol style="list-style-type: none"> 1. PCG, documentation (8.75 hours) incomplete 2. SCG #1, no continuing education documented. 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG scheduled to attend inservice on May 8,2021.</p> <p>SCG #1 is not approved substitute caregiver.</p>	<p>21 MAY 11 P1:11</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Continuing education requires twelve hours (12); however:</p> <ol style="list-style-type: none"> 1. PCG, documentation (8.75 hours) incomplete 2. SCG #1, no continuing education documented. 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will have completed continuing education courses 12 hours per year.</p> <p>SCG #1 will be trained as a substitute caregiver and will attend 12 hours continuing education inservices.</p>	<p>21 MAY 11 P 1:11</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p>FINDINGS Monthly fire drill documentation incomplete:</p> <ol style="list-style-type: none"> 1. No record of exits used September to January 2021 2. No record of a rehearsal during March 2021 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>21 MAY 11 P1:11</p> <p>STATE OF HAWAII DOH-OSCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> Monthly fire drill documentation incomplete:</p> <ol style="list-style-type: none"> 1. No record of exits used September to January 2021 2. No record of a rehearsal during March 2021 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG /SCG will conduct Fire Drill Monthly and document properly the senerio of the drill, will consist of duration, exits used, refused and outcome of the drill.</p> <p>PCG will provide complete documentation of monthly fire drill exercise for nurse Consultant to review when she does home Visit,</p>	<p>6/3/2021</p>

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Licensee's/Administrator's Signature: Teresita Ocunio

Print Name: TERESITA OCUNIO

Date: May 7, 2021

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Licensee's/Administrator's Signature: Teresa Oqueto

Print Name: TERESITA OQUETO

Date: 6-4-21

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